

1155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.  
MARGIN RESERVED FOR BINDING  
In order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>163</u>	
ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>664</u>	
Local Registrar No. _____		St. _____ Ward _____	
1. County of <u>Gila</u>	2. Full name of child <u>Joseph Constantine Crochetti</u>		
District of _____	3. Sex of Child <u>M</u> <small>To be answered ONLY in event of plural births.</small>		
Town of <u>Globe</u>	4. Twin, triplet or other. <u>2</u>		
or _____	5. No., in order of birth <u>2</u>		
City of _____	6. Legitimate? <u>yes</u>		
7. Date of birth <u>Aug 23 - 24</u>		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Autone Crochetti</u>		Full maiden name <u>Mary Giacomina</u>	
9. Residence (Usual place of abode) <u>Hackberry Ave</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>N</u>		16. Color or race <u>W</u>	
11. Age at last birthday <u>27</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Italy</u>		18. Birthplace (city or place) <u>Ariz</u>	
(State or country)		(State or country)	
13. Occupation <u>Laborer</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>fuel business</u>		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>R. J. Kennedy</u>	
		(Physician or midwife)	
Address <u>Globe, Ariz.</u>			
Given name added from a supplemental report _____		Filed <u>8-26-1924</u> <u>V. G. Jay</u>	
Month, day, year.		Local Registrar.	
Registrar.		County Registrar.	

139-823-471